

MEDICAL REVIEW OF TEXAS

[IRO #5259]

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NOTICE OF INDEPENDENT REVIEW DETERMINATION

TWCC Case Number:	
MDR Tracking Number:	M2-05-0101-01
Name of Patient:	
Name of URA/Payer:	
Name of Provider: (ER, Hospital, or Other Facility)	
Name of Physician:	Dr. R, MD
(Treating or Requesting)	

October 18, 2004

An independent review of the above-referenced case has been completed by a medical physician board certified in physical medicine and rehabilitation. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

Sincerely,

Medical Director

CLINICAL HISTORY

The records provided indicate that ____ was injured on ____ when he sustained a lumbar sprain/strain injury while stocking at his employer Sam's Club. He has been treated by Dr. N. He was provided therapy from ____, PT and referred to Dr. V for pain management. His presumptive diagnosis is low back pain with lumbar spondylosis and lumbar facet arthrosis.

Records indicate that previous lumbar facet injections have been performed giving good relief and then on 06/28/02, the individual underwent lumbar facet rhizotomies at L2-L3, L3-L4, and L4-L5.

RME evaluation by Dr. P on 04/13/04 shows physical examination of moderate lumbar lordosis with complaints of pain and mild restriction in all planes of motion but without significant rigidity or spasms. Certainly, no pain noted on extension or anything to suggest facet syndrome.

On 06/23/04, facet injections were performed by Dr. R.

An MRI was performed. The actual report is not available, but there is a summation in that report on the 06/05/02 records of Dr. V indicating MRI shows annular tear at L3-L4 of the lumbar spine and some facet arthrosis. There is no disk herniation. Radiofrequency lesioning at four levels has been done.

REQUESTED SERVICE(S)

Lumbar facet block.

DECISION

Denied. Lumbar facet blocks or injections with corticosteroids are not indicated in this individual based on the clinical pattern.

RATIONALE/BASIS FOR DECISION

Based on standard literature regarding lumbar facet disease, especially the recent literature reviewed by the International Spine Injection Society and *Spine* journal, lumbar facet blocks are a diagnostic tool to

determine if facet rhizotomies are appropriate. The indications for these are difficult to prove at the present time using evidence-based medicine. In particular, extension pain and/or arthrosis on MRI does not necessarily correlate very highly with facet disease and therefore in intractable lumbar pain, the use of facet blocks as a diagnostic tool is well respected as the gold standard and the present standard. In this particular case, this individual has already had facet rhizotomies in 2002 for the same injury, which is a procedure where the nerves are burned with radiofrequency. This procedure generally lasts several years and in several years time, the nerves cannot regenerate and may require repeat radiofrequency.

The present requested services are for blocks, not for rhizotomies or radiofrequency lesioning. There is no need for repeat diagnostic blocks at this time. If this individual in fact did have good response to the radiofrequency lesioning performed by Dr. V, then if his symptoms have recurred, repeat lesioning is appropriate. There is no real reason for performing blocks nor is there really any indication provided by the requester Dr. R, MD indicating his rationale whether this is just the only procedure he can get approval for or whether he has a true clinical reason for why he did not get these procedures done at this time. If facet disease is felt to be the cause and previous rhizotomies were effective, it would be time to repeat facet rhizotomies and not perform additional unnecessary blocks and diagnostic assessments. This is based on standard literature for treatment of these lesions.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) calendar days of your receipt of this decision (20 Tex. Admin. Code 142.5©).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings/Appeals Clerk
Texas Workers' Compensation Commission
P.O. Box 17787
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the dispute.

In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 18th day of October, 2004.

Signature of IRO Employee: _____

Printed Name of IRO Employee: